

making everything else in our economy more expensive.

That is the reality that most Americans are dealing with. We can do so much better. We should do so much better. If Democrats will acknowledge the error of their ways in the passage of this bad law to start with, we can go back to the drawing board and do this in a way that actually does reduce cost and provide better access to health care for American families.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Ms. HEITKAMP). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MORAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MORAN. Madam President, I ask unanimous consent to speak to the Senate as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXCESS FEDERAL PROPERTY

Mr. MORAN. Madam President, while I was home over the recess, I had the opportunity to visit with lots of Kansans. One of the conversations I had was with a county emergency preparedness director in advance of a Fourth of July parade. He brought to my attention something we had heard just in the last few days about a development at the Department of Defense.

I want to mention to my colleagues and ask them, but ask the agencies involved—which would be the Department of Defense, the Department of Agriculture, the Environmental Protection Agency—to see if we cannot find a solution to a problem that should not be a problem.

In the Presiding Officer's State and mine we have lots of volunteer fire departments. One of the developments over time has been their equipment is excess military equipment that is either loaned or given to those small town fire departments. They are volunteers. In my hometown, the fire whistle blows and men and women from across the community gather at the fire station, get in the truck, and go to the fire and fight the fire.

Their equipment is expensive and the budget they have to fulfill their mission is small. One way they have been able to overcome that small budget and expensive equipment is through the Department of Defense, which has, over a long period of time, donated excess military equipment to the local fire departments. They do this through the State forester. In fact, 95 percent of the communities in Kansas are protected by a volunteer fire department and 50 million acres of land is protected by volunteer fire departments.

Well, 3 weeks ago, the Department of Defense halted the transfer of excess trucks, generators, pumps, and engine parts, based upon emissions regulations and an agreement that appar-

ently exists between the Department of Defense and the Environmental Protection Agency.

The EPA, apparently, has to approve the transfer of those vehicles because they may not satisfy the clean air standards. So what seems to me to be a commonsense solution to the need for fire equipment—including trucks—is now being halted because of concerns of whether those vehicles—those old vehicles no longer used by the Department of Defense—meet the emissions standards.

Well, I would certainly first remind folks that these trucks are very important when there is a fire, but there is not a fire every day. It is not as if these vehicles are on the road in a constant fashion day in and day out. I would also indicate that the fires they put out increase emissions, so the marginal increase in the amount of emissions because you may be using a fire truck that does not meet the emissions standards is well overcome by the fire that burns the grass, the forest, the trees or a home by what that fire puts into the atmosphere.

Since January 1 of this year, there have been nearly 92,000 acres burned in more than 5,000 wild land fires—grass fires—across Kansas.

For most of those rural fire departments, the Federal excess equipment is the only equipment they can afford to handle those natural or manmade disasters.

The Kansas Forest Service, as I said, administers this program through the U.S. Department of Agriculture. They provided 40 to 50 trucks per year, and they were able to set aside again that number for Kansas—40 to 50 trucks—for Kansas fire departments for this year.

We currently have 445 trucks issued in Kansas, valued at about \$21 million, and there are 52 fire departments in Kansas waiting for a replacement truck.

The Department of Defense decision to implement this policy will cost fire departments in Kansas and across the country the opportunity to utilize excess equipment, save lives, and protect property.

My request is that my colleagues who have an interest in this issue work with me and others and help us bring to the attention of the Secretary of Defense, Secretary Hagel, and the EPA Administrator, Gina McCarthy, as well as USDA, which administers the program for the fire departments, that we work together to find a commonsense solution.

Apparently the alternative is if these trucks are not available to be transferred to Kansas and elsewhere, to local fire departments, then the trucks are destroyed, smashed, and somehow disposed of in a landfill. Again, I would suggest that the conservation, the environmental opportunity to see the life of these vehicles extended, as compared to being destroyed, smashed, and disposed of, would work in the favor of the environment as well as in the oppor-

tunity to provide safety and security for hundreds of thousands of Kansans, hundreds of thousands of Americans, who depend upon rural fire departments, hometown fire departments, to meet the needs of their safety and security.

It seems to me we are asking for something simple. We need a little common sense and cooperation among an agency and two departments. I would ask my colleagues that you help me find a solution to this problem by getting those agencies, the Department of Defense in particular, to explain why this is a good policy with such detriment to the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

HEALTH CARE

Mr. BARRASSO. I come to the floor today because it seems day after day there is another story or two in the paper about what is happening with the President's health care law. As I go home to Wyoming each week, I go through Denver and the airport there. Today the headline in the Denver Post has to do with the Colorado health exchanges. The first line says: "Colorado's health care exchange is expecting nearly twice as many people to drop or to decline to pay for their policies." You know, they predicted how many people would continue to make payments if they had signed up under the President's health care law. Today they are predicting that twice as many as they anticipated would be either dropping or failing to pay for their health care premiums.

The Wall Street Journal today, above the fold, front page, "Newly Insured Face Coverage Gaps." So you get people who may have signed up under the President's health care law, coverage gaps, not paying, dropping, truly not the deal the President has said was something he felt would be helpful to Americans. More and more people are finding out they are having bigger problems under the President's health care law, problems with the promises that were made by this President, by this administration, and by those who voted for the health care law.

I get home just about every weekend in Wyoming to talk with people, to listen to them, to hear what they have to say. But also as chairman of the Republican Policy Committee, one of my responsibilities is also to see how policies such as the President's health care law come out across the country, what happens in other States, how policies out of Washington affect people all across America.

Today I wish to talk a little about how the health care law is impacting people not just in my home State of Wyoming but all across the country. In addition to being in Wyoming last week, I had a chance to visit Alaska. What I heard from people there as well as people in Wyoming is that people

have been hurt by the President's health care law. They are anxious about it in terms of their own health care, and they are angry about insurance they have had that they have lost, and the implications of the President's health care law where many promises were made and now people are finding out the President's promises, in terms of their own lives, their own health and their own families, have not actually been kept.

The President, Democrats here in the Senate, promised their law was going to be great for the American people. That is the promise. Well, I can tell you the people I talk to in Wyoming, people I heard from in Alaska, are very worried about the terrible side effects they are feeling specifically as a result of this awful health care law.

Small businesses—and small businesses are a major part of the economy in rural States. Small businesses and the people who specifically work in those small businesses are the backbone of the economy for so many of our communities. So it is very troubling when I read about something in the health care law that threatens the very health of the people who work in these small businesses.

When Democrats were trying to sell their health care law, they bragged. They bragged about something called the SHOP program. That is the exchange where small businesses in a State were supposed to be able to buy insurance for their workers, to be able to shop for it, be able to get something that is affordable. That is the promise made by Democrats who voted for this health care law.

Democrats actually gave speeches on the floor about small businesses being able to find affordable insurance. This program was supposed to open last year, but just like the failed exchanges the President set up, when the exchanges opened October 1, this was not ready to go. So what the Obama administration did is they said: We will delay it for a year, because the program was not ready. So they left all of the businesses kind of in a lurch. Now they say it might be ready this fall. Well, time will tell.

Here is what the Wall Street Journal found in an article last month, June 10. They ran a headline that said, "Some small business employees to have only one health plan choice: 18 states will offer only one plan when small-business exchanges open."

The Democrats promised a lot more than that. Those who voted for that promised a lot more. Those who gave speeches promised a lot more. But in 18 States, there will be only one plan when they finally get it open, 18 States where workers and small businesses will not have any choice among insurance plans and no competition, and Alaska is one of them. Less choice, less competition, and of course that means higher premiums.

People all across the country are experiencing higher premiums. That is

the thing that causes so much anger and anxiety among families all across the country. When that letter comes—and the newspaper stories are already starting to get out there, as well as television, radio, reading about it on the Internet—the question is: How much higher?

The President promised \$2,500 lower premiums. Nobody believes that. Nobody in America believes the President of the United States and the promise he made. It is a sad situation when the President is not believed by anyone. But yet that is what we have. He made a promise: \$2,500 per family lower. People all know that prices are going higher. The question is: How much higher?

This is what an article said in the Alaska Dispatch: "Alaska's small businesses feel pinch of rising health care costs." The article tells a story of a restaurant owner with 24 employees. He is paying about \$5,000 a month more than he paid last year for his share of his workers' insurance. That is about a 40-percent increase over last year—40 percent. The President said it was going to go down. This is a 40-percent increase. This small business owner in Alaska says the costs are "crippling" and he said it is like meeting another payroll every month. This small business owner says:

It's killing me. I just don't know how long we can keep absorbing these costs.

Those costs are a devastating side effect of the health care law. Democrats voted for it. Every Democrat in the Senate voted for that. There was a story on television up there, channel 13, a television station in Anchorage, KYUR. They aired a story last month about Linda Peters. She is another local business owner. She had 14 employees. She pays for the health insurance for her employees. Her share of the premium has gone up, gone up from \$600 per person 2 years ago to \$950 today. She says it has gotten so expensive that she has had to shift the cost of employees' dependents back to her workers.

So she was providing insurance for the dependents of the employees, but now she is not able to do that. Why? Because of the President's health care law. She told the TV station, "It was really tragic, it's enraging in fact, as employers who care about our employees." "Tragic and enraging."

But the President forced this on her and every Democrat in this body, every Democratic Senator who voted for this.

This woman in Alaska: Tragic and enraging. She is looking into dropping insurance coverage altogether. She pays her employees well so they will not get a subsidy in the State exchange. So here is a small business owner who can speak personally about the expensive, the tragic, and the enraging side effects of the Obama health care law on her employees.

Of course, there is a lot of uncertainty about what happens next and how much rates might continue to go up. Of course, that makes it even worse. The business owner said:

I just can't penalize my employees by dropping the plan, and I can't figure out: Where am I going to get the money? It's frightening. What happens next year?

That is a big concern, what happens next year. People worry about next year. They budget for next year. They plan for next year. They think about their expenses, balancing it with their income. President Obama says: The Democrats who voted for this law—in the President's own words—should forcefully defend and be proud—should forcefully defend and be proud—of the health care law.

Are Democrats in this Senate who voted for this health care law proud? Are they proud of what the law is doing to these people in Alaska and other States? Are Democrats willing to come to this floor and forcefully defend and be proud of the extra stress, the extra costs they are causing for these people all across the country?

According to a recent study by the Manhattan Institute, people in Alaska are paying a hospital more for their coverage. They found the premiums of the average 64-year-old woman in Alaska would have been \$693 a month in 2013. That is before they were forced onto the ObamaCare exchange. But in 2014, buying insurance from the exchange, her premiums jumped to \$813 a month. She is paying \$1,400 more this year than she did last year because of the specifics of the health care law.

For a 27-year-old man, he would have paid an average of \$130 a month in 2013. But under the health care law and the exchange, he now pays \$284 a month. That is more than double. That is an extra \$1,800 more this year than it was last year.

Is there a Senator in this body who will come to the floor and forcefully defend the fact that there are these people all across America who are paying twice as much for insurance because of the health care law?

Democrats did not solve the problem with our health care system. They just mandated coverage, and mandated more expensive coverage. They made it more expensive and they have more mandates. People wanted reform that gave them access to quality affordable care, not more expensive coverage.

Republicans have offered solutions, solutions for patient-centered care, for patient-centered health care reform. We have talked about things such as increasing the ability of small businesses to be able to join together and negotiate better rates, about expanding health savings accounts, and allowing people to shop for and buy health insurance in other States that work best for them and for their families.

In 18 States, including Alaska, the small business exchange will offer just one choice for insurance. Shopping in other States could increase competition and help lower premiums for people who work for those small businesses.

That would have been a simple solution that works and helps people actually afford coverage and care. It is not

what Democrats did with their health care law, but it is what Republicans are offering. We have suggested ideas to get people the care they need from a doctor they choose at lower costs—not higher costs with a subsidy for some people, but actually lowering the cost for everyone.

Republicans are going to keep coming to the floor. We are going to keep offering real solutions for better health care without all of these tragic side effects.

I am sure that tomorrow there will be another headline and another one the day after that of people who have been harmed by the health care law as we see more and more and hear from more and more Americans who feel the President has not kept his promises, that the Democrats who voted for the health care law have failed the American people and have failed to answer the concerns of the American people, which was affordable quality care.

Madam President, I yield the floor and I suggest the absence of a quorum.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:31 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Ms. BALDWIN).

BIPARTISAN SPORTSMEN'S ACT OF 2014—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. Under the previous order, the time until 3:15 p.m. will be controlled by the majority and the time from 3:15 p.m. to 4:15 p.m. will be controlled by the Republicans.

The Senator from Vermont.

COST OF WAR

Mr. SANDERS. Madam President, I wanted to say a few words about the conference committee in terms of legislation protecting the health of our veterans. We are working hard on it in the Senate, the House is working hard on it, and our staffs have been meeting. I have been in touch often with Chairman MILLER in the House. We had, I thought, a very productive conference committee before we left.

As we continue to proceed, if there is anything I have learned since I have been chairman of the Senate Committee on Veterans' Affairs, it is that I think as a people, as a nation, we underestimate the cost of war, and before anyone votes to go to war again I think they should fully appreciate the repercussions of that vote.

What going to war means is not—as in the case of Afghanistan and Iraq—losing some 6,700 brave men and women. That is a terrible loss, but I also want people to remember the families, the wives, the kids, the mothers, and the impact that loss has had on their lives and the need for us to pro-

tect those wives and those children to make sure they can have the quality of life they are entitled to despite their loss.

But it is not only loss of life. We have had in this war a horrendous epidemic of men and women coming home with post-traumatic stress disorder. I am not sure of exactly the number, but it could be as high as 500,000 men and women coming home from war with PTSD and that is a very difficult illness which needs a lot of care and that illness, again, impacts the entire family—wives, kids. It impacts the ability of a worker to go out and get a job to earn an income. That is a cost of war.

Needless to say, the cost of war is the many who came home without legs, who came home without arms, who came home without eyesight. The cost of war is a high divorce rate for folks who come home who cannot readjust well into their family life. The cost of war is an extremely high rate of suicides. The cost of war is widows who are now having to rebuild their lives. And on and on it goes. The bottom line is the cost of war is enormous in terms of human suffering and the impact on not only the individual who fought in that war but on the entire family.

As I think our colleagues know, several weeks ago Senator MCCAIN and I put together a proposal to deal with the current crisis at the VA, and I am very proud that legislation passed the Senate by a vote of 93 to 3.

What are we dealing with? What is the cost of this proposal? This is an expensive proposal because the cost of war is expensive. What a VA audit told us is that more than 57,000 veterans are waiting to be scheduled for medical appointments. These are the folks who are on these waiting lists, some of which were secret, some of which had data manipulated. These are folks who should have been getting into the VA for timely health care but who were not. On top of that, there is an unknown number of veterans who are on no lists because of poor work being done at the VA. They were not on any list. How many there are we don't know, but many of those people need to be seen.

So what our legislation does is say we are going to make certain that all of these veterans who are waiting for health care—who have waited far too long for health care—will, in fact, get health care as soon as they possibly can, and they will get that health care either through private physicians, they will get that health care in community health centers, they will get that health care at the Department of Defense military bases, they will get that health care at the Indian Health Service, but they will get that health care in a timely manner, and that is going to be an expensive proposition. We cannot provide health care to tens and tens of thousands of veterans in a short period of time outside of the VA without spending a substantial sum of money.

No. 2, long-term, what is clear to me and I think to anybody who has studied the issue is that if we are serious about eliminating these waiting lists and getting people into the VA in a timely manner, we have to make sure that at every facility in this country the VA has the requisite number of doctors, nurses, and other types of personnel they need in order to accommodate the growing numbers of people who are coming into the VA.

If we are talking about hiring thousands of doctors in a moment, by the way, where we have a very serious doctor shortage in this country, that is going to be an expensive proposition, as well as hiring the nurses and other personnel and building or leasing the space we need. That is issue No. 2. That is going to be expensive, but long term, if we are serious about keeping our commitment to the men and women who put their lives on the line to defend this country, that is exactly what we have to do.

The third area in this legislation which is going to be expensive is we have now for the first time said to veterans that if they are living a distance away from a VA facility, more than 40 miles, they are going to be able to go to a private doctor. That will cost us some money as well.

Mr. DURBIN. Will the Senator from Vermont yield for a question through the Chair?

Mr. SANDERS. I am happy to yield the floor to the Senator from Illinois.

Mr. DURBIN. I don't ask the Senator to yield the floor, but I would, through the Chair, address the Senator from Vermont.

First, I thank the Senator for his bipartisan effort with Senator JOHN MCCAIN which led to an overwhelmingly bipartisan vote on the floor of the Senate to address what we consider to be a crisis in the Veterans' Administration. Press reports have suggested in the most extreme situation that some veterans' lives were being compromised because of the failure of providing timely care to these veterans. It resulted in an investigation of VA facilities all across the United States. It resulted in the resignation of the Secretary of the Veterans' Administration and promises for dramatic reform, but I have to say to the Senator from Vermont what he has accomplished with Senator MCCAIN is tangible.

I would like to ask him two or three questions about the current state of affairs. How long ago was it that we passed on the floor of the Senate this bipartisan measure?

Secondly, did this measure involve emergency spending to deal with the emergency in the Veterans' Administration?

Third, did the House version of their VA reform include the resources the Senator from Vermont mentioned, the new doctors, the new nurses, the new facilities to accommodate this wave of veterans. Those are the three questions that I think are critical.